



Benefit Services Division, P.O. Box 2796, Sacramento, CA 95812-2796
Telecommunications Device for the Deaf - (916) 326-3240 • FAX (916) 658-1280 • (800) 352-2238

Report of Separation & Advance Payroll Information

(Please complete and return as soon as possible.)

To: CalPERS
P.O. Box 942716
Sacramento, CA 94229-2716

From: _____
Name of Employing Agency

Member Name

Social Security Number

_____/_____/_____
Requested Retirement Date

The above named member has applied to CalPERS for disability retirement. Your cooperation in immediately providing an advance estimate of the following information is critical for CalPERS to make accurate payment to the member at the earliest possible date.

Part 1 Effective Dates Regarding Separation

(Last day on pay status will be upon expiration of accrued sick leave or compensated time off.)

_____/_____/_____
Separation Date

_____/_____/_____
Last Day on Pay Status

Leave of Absence With Compensation

_____/_____/_____
Beginning Date

_____/_____/_____
Ending Date

Time of Compensation

(Explain difference between date of separation and last day on pay status, if any.)

Part 2 Advance Estimate of Payroll & Contribution Information

Report for the last four months on pay status by payroll service period. Contributions should not be deducted after separation.

Pay Period		Payrate (Hourly/Daily/Monthly)	Time Worked			Amount Earned	Retirement Contributions		
From	Thru		(Hours/Days/Months)				Normal	Other	Specify

For **public agency employers**, please refer to the *Public Agency Procedures Manual*, or contact CalPERS for information regarding the completion of the PERS-BSD-194.

(Please continue to back)

Part 3 Unused Sick Leave at Time of Separation

Enter the total number of days of unused sick leave the employee had at the time of separation. Accumulated hours must be converted to days using the appropriate conversion factor applicable to each employee's individual classification or position. Calculate to three decimal places.

Total Number of Days of Unused Sick Leave: _____

Part 4 Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer	Title
_____/____/____	_____
Date	Telephone Number